2. STATE OF C	ALIFORNIA			
STANDARD AGREEM	ENT			
STD 213 (Rev 06/03)		AGREEMENT	AGREEMENT NUMBER 5-06-58-15	
		REGISTRATI	ON NUMBER	
1. This Agreement	is entered into between the State Ag	ency and the Contractor name	ed below:	
STATE AGENCY Department of Ge				
CONTRACTOR'S	NAME	- 1 May		
Motorla,	Inc.			
2. The term of this	Sept. 5, 2006 th	rough Sept. 4, 2009		
Agreement is:	Agreement is: Or upon DGS signature or approval, with two one-year options to extend			
The maximum a of this Agreemer	Ψ.00			
one-year optional extended of the Agreement.	ensions. The parties agree to comply with the	terms and conditions of the following		
MSA 54159 and concentration in the second concentration in the second concentration is a second concen	provide 9-1-1 Telephone System Software, Equatractor's response which are incorporated an ent of Work, 37 Pages all Provisions – Information Technology, 06/21/2 ation Technology Personal Services Special Pation Technology Maintenance Special Provisition Technology Purchase Special Provisions ation Technology Software Special Provision, orksheets, _4_ Pages an asterisk (*) may be viewed at www.pd.dgs.c.//modellang/ITmodules .	d made a part of this agreement by re 06, 10 Pages rovisions, 1/21/03, 5 pages on, 1/21/03, 5 Pages , 1/21/03, 2 Pages 1/21/03, 4 Pages a.gov/modellang/generalprovisions of	eference.	
. ITNESS WHEREOF	this Agreement has been executed by the	parties hereto.	California Department of General	
CONTRACTOR			Services Use Officeral SERVICES 10/12/06 LEGAL SERVICES	
CONTRACTOR'S NAME (if a Motorola Inc.	other than an individual, state whether a corporation,	partnership, etc.)	10/12/06 LEGAL SERVICES	
BY (Authorized Signature)		DATE SIGNED (Do not type)	- Controlly	
PRINTED NAME AND TITLE	OF PERSON SIGNING	7-12-06	-	
	enior Area Controller			
ADDRESS				
6450 Sequence D	rive, San Diego, CA 92121			
	STATE OF CALIFORNIA	A		
AGENCY NAME				

DATE SIGNED (Do not type)

☐ Exempt

Department of General Services

BY (Authorized Signature)

BY (Authorized Signature)

BY (Authorized Signature)

BY (Authorized Signature)

PRINTED NAME AND TITLE OF PERSON SIGNING

West Sacramento, CA 95605--2811

Rita Hamilton, Deputy Director

ADDRESS 707 Third Street, 2nd Floor